

**LUMPKIN COUNTY**  
**APPLICATION FOR EMPLOYMENT**  
DATE \_\_\_\_\_

LUMPKIN COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER. QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO AGE, COLOR, DISABILITY, MARITAL STATUS, NATIONAL ORIGIN, RACE, RELIGION, OR SEX.

All applications are evaluated based on individual merit. Information MUST BE COMPLETE so all applications can be given equitable consideration. Application must be typed or printed. YOU MUST SIGN AND DATE YOUR APPLICATION IN INK. INCOMPLETE APPLICATIONS WILL BE REJECTED.

POSITION APPLIED FOR:

POSITION: \_\_\_\_\_

JOB CODE: \_\_\_\_\_

Last Name

First Name

Middle Name

SOCIAL SECURITY NO.

(For Application Identification) \* \* \*

Address:

Number, Street, Apt. No.

( )

Area Code

Home Phone

City

State

Zip Code

( )

Area Code

Work Phone

PREVIOUS ADDRESS:

Street

City

State

Zip Code

How long did you live at that address? \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

Have you previously been employed by Lumpkin County? \_\_\_\_\_

If yes, when and what department? \_\_\_\_\_

WILL YOU ACCEPT: Temporary Work \_\_\_\_\_ Part-Time Work \_\_\_\_\_ Shift Work \_\_\_\_\_ Weekend / Holiday \_\_\_\_\_

Are you able to perform the essential job functions of the position you are applying for without an accommodation?

\_\_\_\_ Yes \_\_\_\_ No

If no, please describe the accommodations necessary for you to perform the essential job functions.

Do you have the legal right to live and work in the United States?

Yes

No

If offered employment you will be required to provide documentation to verify employment eligibility. Failure to provide requested documentation may result in a determination that the applicant is ineligible for employment in the United States.

Do you have any relatives working for Lumpkin County government? \_\_\_\_\_ Yes \_\_\_\_\_ No

<u>Name</u>	<u>Relationship</u>	<u>City or County Employee</u>
_____	_____	_____
_____	_____	_____

Have you ever been convicted of an offense against the law or are you now under charges for any offense against the law? Omit non-moving traffic violations and any offense which was finally adjudicated in a Juvenile Court or under a Youth Offender Law. \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, give complete details: (Date, Place, Charges, Disposition):

CRIMINAL RECORD: Convictions (felonies, misd.)

TRAFFIC RECORD:

<u>Crime</u>	<u>Court</u>	<u>Date</u>	<u>Offense</u>	<u>Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE: A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstances and seriousness.

Do you have a valid Drivers License? \_\_\_\_\_ No \_\_\_\_\_ Yes License # \_\_\_\_\_ State \_\_\_\_\_

## EDUCATION RECORD

Circle highest year completed:	HIGH SCHOOL 1 2 3 4	COLLEGE 1 2 3 4 5 6	
Schools Attended	Did you Graduate?	Diploma	Major Studies
Past & Present	Name and Location	GED or Degree	
High School			
Associates Degree			
Bachelors Degree			
Masters Degree			
Doctorate Degree			
Other (Vocational, Tech, AIB, Etc.)			

List licenses and certificates that have a direct bearing on the job you are seeking:

Type of Certificate	Specialization	Certificate No.	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

Have you served in the U.S. Armed Forces? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, what branch? \_\_\_\_\_  
 Rank \_\_\_\_\_ Applicable Skills Acquired \_\_\_\_\_

## WORK HISTORY

Describe your work history beginning with your current or most recent job. Include military and volunteer experience. Failure to give complete information regarding each job held may result in your disqualification. Complete addresses with zip codes and telephone numbers for all employers are necessary. A resume may be attached only as additional information and will not be accepted in lieu of completing this section. May we contact these employers? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer	Employed	Supervisor's Name
_____	_____	_____
Address	From _____ Mo./Yr.	Your Job Title
City State Zip Code	To _____ Mo./Yr.	Telephone
YOUR SALARY	Duties:	
\$ <u>Start</u> \$ <u>End</u>	_____	
Reason For Leaving	_____	

Employer	Employed	Supervisor's Name
_____	_____	_____
Address	From _____ Mo./Yr.	Your Job Title
City State Zip Code	To _____ Mo./Yr.	Telephone
YOUR SALARY	Duties:	
\$ <u>Start</u> \$ <u>End</u>	_____	
Reason For Leaving	_____	

Employer	Employed	Supervisor's Name
_____	_____	_____
Address	From _____ Mo./Yr.	Your Job Title
City State Zip Code	To _____ Mo./Yr.	Telephone
YOUR SALARY	Duties:	
\$ <u>Start</u> \$ <u>End</u>	_____	
Reason For Leaving	_____	



Employer	Employed	Supervisor's Name
Address	From _____ Mo./Yr.	Your Job Title
City State Zip Code	To _____ Mo./Yr.	Telephone
YOUR SALARY	Duties:	
Start End		
\$ _____ \$ _____		
Reason For Leaving		

# APPLICANT'S CERTIFICATION AND AUTHORIZATION - Read carefully before signing.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that false or misleading information given in my application or interview(s) may result in disqualification or discharge if hired, and that I am required to abide by all rules and regulations of Lumpkin County. I also consent to undergo a physical examination including a drug screen after I have been offered employment, as deemed necessary.

Applicant's Signature

Date

## REFERENCES (at least three - not relatives)

Name and Address	Occupation	Phone

Please use this space for additional information pertinent to your education, training and experience:

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